



**Pretrial Services Interpreter Program  
Continuing Education Form**

Case No. \_\_\_\_\_

Court \_\_\_\_\_

County \_\_\_\_\_

Statement of Attendance for Approved Continuing Education  
Pretrial Services Interpreter Program

**Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Program Information**

Name of Program Attended: \_\_\_\_\_

Date(s) Attended: \_\_\_\_\_ Hours of Credit: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_

I hereby state the information on this form is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please include a copy of any certificates or other documentation provided by the program sponsor.**

Mail to: Administrative Office of the Courts  
Pretrial Services Interpreter Program  
100 Millcreek Park Building 11  
Frankfort, KY 40601